



Chester County Art Association Summer Art Camp Emergency Medical Release From

Please return to assistant@chestercountyarts.org or deliver a hard copy to 100 North Bradford Ave. West Chester, PA 19382, one week prior to the first day of camp. (If attending multiple camps, this form only needs to be completed once).

Student Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

EMERGENCY CONTACTS

Name/Relationship: _____

Primary Phone: _____

Name/Relationship: _____

Primary Phone: _____

MEDICAL INFORMATION

Seizures? (Please Circle) YES NO

Please list any medical concerns, disorders or special needs we need to be aware of:

Please list all of your child's allergies:

Please list the people that are authorized to pick up your child from CCAA's Summer Art Camp:

Name/Relationship: _____

Name/Relationship: _____

Name/Relationship: _____

Name/Relationship: _____

EMERGENCY MEDICAL CARE: In the unlikely event that we need to administer immediate medical care, we need your authorization to have your child receive medical attention. I hereby authorize emergency medical treatment for (child's name) _____ in the event of any emergency at the Chester County Art Association. I hereby authorize any health-plan participating or non-participating physician, hospital, or other health care provider to give emergency medical care and treatment to (child's name) _____ at no cost to the Chester County Art Association. I assume all financial responsibility and waive all claims (current and future claims) against the Chester County Art Association.

Parent/Guardian Signature: _____

Date: ____/____/____

CCA uses photographs of children in class—both individual and group—for promotional materials, social media, and grant proposals. Please let us know if we have permission to take your child's photo.

(Please Circle) YES NO